

EDITORIAL INDEX

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IDENTIFICATION CODES

- cd— Clinical dialogue
- ed— Editorial
- efm— EFM today
- et— Equal time
- mu— Malpractice
- nl— News
- oa— Original article
- pq— Pathology quiz
- sy— Symposium
- Special issues:
- L1— Ob-Gyn and the Law (Spring)
- L2— Ob-Gyn and the Law (Fall)
- T91— Technology

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Advising pregnant women about nutrition. 94, 97, Jan, sy

Finding and treating fertile women with PKU. 30, Aug, oa

VULVAR NEOPLASMS

Enlarging vulvar mass. Diagnosis: papillary hidradenoma. 11-17, Jun, pq

Pigmented vulvar lesion. Diagnosis: malignant melanoma. 129-142, T91, pq

WARFARIN

Drugs with potential fetal toxicity. 73, Apr, oa

WARTS

Patient-applied topical solution for genital warts. 27-29, Dec, oa

Update on HPV infection and how to manage it. 37-49, Oct, oa

WOMAN'S RIGHTS

Debate over gravidas' rights continues. 106, Feb, mu

WOUND INFECTION

Osteomyelitis pubis. 50-55, Jan, oa

Wound infections—more serious than acknowledged. 21-36, Sep, oa

ZIDOVUDINE

Gynecologic care of HIV-infected women. 47, 53, 56, Sep, oa

Regulations create roadblocks to AZT research. 114, Oct, mu □



Help reduce breast cancer deaths
by at least **25** percent ...

**Refer your female patients
for regular screening mammogram**

Twelve major medical organizations recommend that asymptomatic women ages 40-49 should have a screening mammogram every 1-2 years, and a physician's examination every year. Asymptomatic women 50 and older should have a mammogram and physician's exam every year.

Scientists estimate that if women followed these guidelines, breast cancer deaths would **decline** by at least **25** percent.



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